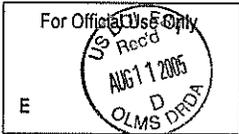


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5957</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>A</u> <u>Young</u> P.O. Box, Bldg., Room No., if any Street <u>1620 Central Avenue, Room 203</u> City <u>Cheyenne</u> State <u>Wyoming</u> ZIP Code + 4 <u>82001</u>	4. Name, file number, and address of labor organization. Name <u>Brotherhood of Locomotive Engineers and Trainm</u> Labor Organization File Number <u>008-327</u> P.O. Box, Building and Room Number, if any Street <u>1620 Central Avenue, Room 203</u> City <u>Cheyenne</u> State <u>Wyoming</u> ZIP Code + 4 <u>82001</u>
5. Position in labor organization. <u>General Chairman</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael A Young On 08/04/2005 307.635.6736  
Date Telephone Number

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="Designated Legal Counsel-BLET"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px;"> <p>April 12, 2004 - Reception for annual WGCA meeting.</p> <p>April 14, 2004 - Dinner/Banquet sponsored by DLC. Cost may have exceeded \$25.00/plate.</p> </div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

**Part C Continuation Page**

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Huenegs, Stone, Koenig, Leaneave &amp; Kvas</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>1650 International Centre</u></p> <p>Street <u>900 Second Ave. South</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55402</u></p>	<p>14.a. Nature of payment.</p> <p><u>April 16, 2004 Las Vegas - Union Pacific General Chairman's Association Meeting. Dinner - Del Frisco's Steakhouse Dinner exceeded 25.00/plate</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Huengs, Stone, Koenig, LeNeave &amp; Kvas</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>1650 International Centre</u></p> <p>Street <u>900 2nd Ave. South</u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55402</u></p>	<p>14.a. Nature of payment.</p> <p><u>April 27, 2004 Denver, CO Trip Rate meeting- various LC's Lunch w/Golf outing Exceeded 25.00/person</u>  <u>April 28, 2004 Denver, CO. Group Dinner Exceeded 25.00/person</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Designated Legal Counsel-BLET</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u>General Committee meeting - Las Vegas August 1, 2004 Las Vegas - Reception BLET DLC August 2, 2004 Las Vegas - Dinner/Banquet DLC Estimate both group functions less than 25.00/person</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

**Part C Continuation Page**

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Hunegs, Stone, Koenig, Leneave and Kvas</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <b>1650 International Centre</b> Street <b>900 2nd Ave. South</b> City <b>Minneapolis</b> State <b>Minnesota</b> ZIP Code + 4 <b>55402</b>	<b>14.a. Nature of payment.</b> <b>June 13, 2004 Denver, CO Crew Scheduling Meeting Dinner Exceeded 25.00/person</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> _____

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Designated Legal Counsel-BLET</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14.a. Nature of payment.</b> <b>August 3, 2004 Las Vegas General Committee meeting Buffett group Dinner Exceeded 25.00/person</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> _____

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <b>Schlichter, Bogart and Denton</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <b>Suite 900</b> Street <b>100 South 4th St.</b> City <b>St. Louis</b> State <b>Missouri</b> ZIP Code + 4 <b>63102</b>	<b>14.a. Nature of payment.</b> <b>August 5, 2004 Las Vegas General Committee meeting Group Dinner - Battistas (Italian) May have exceed 25.00/person</b>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> _____

**Part C Continuation Page**

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text" value="Jones and Granger"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 888"/> Street <input type="text" value="1000 Memorial Drive"/> City <input type="text" value="Houston"/> State <input type="text" value="Texas"/> ZIP Code + 4 <input type="text" value="77210"/>	<b>14.a. Nature of payment.</b> November 11, 2004 Houston , TX Automatic Mark-up meeting RE; National Agreement Group Dinner May have exceeded 25.00/person
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text" value="Rathman &amp; O'Brien"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1031 Lami Street"/> City <input type="text" value="Saint Louis"/> State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="63104"/>	<b>14.a. Nature of payment.</b> April 15, 2004 Western General Chairman's Association meeting Group Dinner for BLET Representatives Dinner exceeded 25.00/person
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>14.a. Nature of payment.</b> <input type="text"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text"/>